Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 12/01/09

Case #: 42F29906

County: DECATUR

Address: CR 700 SOUTH AT CR 220 SW

WESTPORT IN

47283

Type of Laboratory Seizure (check one)

☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

☐ Residence   ☐ Hotel/Motel
☐ Outbuilding   ☒ Open – No Structure
☐ Vehicle   ☐ Other:

_____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

☐ Lithium/Ammonia Reaction(s): _____

☐ Red Phosphorous/Iodine Reaction(s): _____

☐ Flammable Solvents: _____

☐ Water Reactive Metal (Lithium): _____

☒ Anhydrous Ammonia: CYLINDER

☐ Hydrochloric Acid Gas Generator(s): _____

☐ Corrosive Acid: _____

☐ Corrosive Base: _____

☐ Other (item and location): _____

Child under age 18 discovered (check one)

☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: PROPERTY OWNER

This report is to be faxed to the following agencies that serve the location:

Fire Department: GFD

Health Department: DCHD

Child Protection Service: _____

Fax: E-MAIL
Fax: E-MAIL
Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: CHIP AYERS   Phone 317.234.4591

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.